SURGERY.

UNDER THE CHARGE OF

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The Leukocytic Effect Provoked in a Septic and Atonic Wound by Dressings of Sterilized Serum of the Horse (Method of Raymond Petit).—JAYLE (*Journal de Chirurgie*, December, 1905) says that an efficacious treatment of these wounds has not yet been established. Very many topical applications have been employed, but in spite of them the wound remains dark, grayish, or white, and does not granulate. After the use of this serum by the writer the reparative action was so rapid and so evident that he considers it very useful for this purpose.

According to Metchnikoff the micro-organisms are destroyed by the white blood corpuscles. The microscopic examination of the blood of a septic atonic wound shows the absence of the leukocytes. The microbes increase abundantly and produce their toxins at their ease, and these rapidly poison the body.

Raymond Petit has shown that an intraperitoneal injection of the serum of the horse produces a very marked leukocytosis, and applying this fact to abdominal surgery, he has used the sterilized serum of the horse in laparotomies for septic conditions, or as a preventive against sepsis. He places 20 c.c. of the serum in the abdominal cavity and drains.

Jayle tried the serum in a septic atonic wound of the abdomen. Previously he had tried through dressing of the wound every three hours for thirty hours. There was no change in the wound and an examination of the wound serum showed an absence of all leukocytic reaction. After dressing with the serum of the horse an abundant leukocytosis was produced. The local infection which had resisted the antiseptic dressings, yielded to the physiological phagocytosis thus produced. The wound became clean and red on the third day.

Acute Œdema of the Lungs Secondary to Ether Narcosis.—PEDERSEN (*Annals of Surgery*, January, 1906) says that the sequels of ether are usually of the secondary type. They are most frequently localized in the lungs, usually as a lobar pneumonia; or in the kidney, as the various forms of congestion and inflammation.

Acute œdema of the lungs is one of the immediate sequels of ether narcosis, and while comparatively rare, must be reckoned with. In the case reported by Pedersen the whole process appeared to have found its origin in the air vesicles, to have reached its acme there, and to have run its course and ended there. The most effective features in the treatment during the crisis were a large dose of nitroglycerin (gr.

$\frac{1}{60}$ hypodermically), moderate elevation of the foot of the bed, and very active dry-cupping all over the chest. The patient recovered. Pedersen believes that exposure during the operation at any time, excepting as is absolutely necessary, and during convalescence from the anesthetic, in any way, is extremely hazardous. Any exposure which tends to check active perspiration must be very dangerous to both the lungs and kidneys. Deliberate uniform administration of the anesthetic is important.

Perforation of the Gall-Bladder (Maclaren). **The Value and Place of Duodenocholedochotomy in Gallstone Surgery** (Hancock) (*Annals of Surgery*, January, 1906).—Maclaren says that most perforations of the gall-bladder occur in long-standing, neglected cases of gallstones. A secondary cholecystitis in an attack of typhoid fever brings the added risk of perforation. Of 539 operations on the gall-bladder and bile ducts, by Robson, twenty-five may fairly be classed as perforations. Maclaren operated on eighty cases of gallstones, of which ten were perforative. One of these, however, was found postmortem. In perforation with abscess it is best to open and drain the abscess, waiting until later to deal with the gallstones or the disease of the gall-bladder. As soon as the diagnosis is made in non-perforative cases, the gallstones should be removed, in the interval, to lessen the dangers of complications.

Hancock has collected sixty-two cases of transduodenal choledochotomy, done since McBurney performed the first operation in 1891. Forty-one, or more than two-thirds, have been done since 1900, showing that the operation has found its place among established procedures. The mortality in these cases is placed at 8.77 per cent. That of Robson for choledochotomy was 16.2 per cent. but recently has been lowered to 5 per cent. Kehr's mortality is 6.5 per cent. and the Mayos 11 per cent.

It is advantageous in some cases to perform a combined supra- and transduodenal choledochotomy, when stones are distributed along the common duct, and to finish by drawing gauze strips through the duct to sweep it clean. The anatomical difficulties associated with the retroduodenal operation often make it dangerous and uncertain, and therefore less advantageous than the transduodenal.

A Study of a Particular Form of Primitive Tuberculosis of the Kidney. The Polycystic Tuberculous Kidney.—Curtis and Carlier (*Annales des Malades des Organes Genito-Urinaires*, January 1, 1906) say that the term cystic tuberculous kidney should not be employed in renal pathology, with reference to old cavernous or hydronephrotic lesions occurring in the course of tuberculosis. A pseudocystic condition may result, but not a true cystic kidney.

They describe a tuberculous polycystic kidney, which is characterized by its chronicity, hypertrophy of the kidney, and the abundance of cysts, giving the organ on first sight the appearance of a congenital polycystic kidney. It is due to bacillary emboli, with an ascending invasion of the pyramids and scleroepithelial and cystic transformation. The pelvis and calyces becoming involved, the papillæ are reinoculated, whence an ascending intra-canalicular and extra-canalicular tuberculosis is produced in the pyramids.